SUSHRUSA eClinic

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■ Professional Healthcare Services

Date: 07/08/2025

PRESCRIPTION

■ +91-12345-67890 | ■ info@sushrusa. Time: 12:44

■ 123 Health Street, Medical District, City - 123456

MEDICAL PRESCRIPTION

IENT INFORMATION		DOCTOR INFORMATION		
ent Name:	Smutika 64	Doctor Name:	Suryanshu kumar	
ent ID:	РАТРАТ029	Doctor ID:	DOCDOC025	
Gender:	0 years / male	Specialization:	General Medicine	
ne:	+918766048711	Registration No:	N/A	
il:	3trushanklohar.model@gmail.com	Phone:	+918249784701	

DIAGNOSIS

Primary: asdasda asddasdd **Secondary:** asdasd asdasd

PRESCRIBED MEDICATIONS

S.No.	Medicine Name	Dosage (M-A-N)	Frequency	Duration	Instructions
1	asdasd	1-1-1	Once Daily	7 days	asdas adasd
2	adc aweaqwdas DA	1-2-2	Once Daily	4 days	ASDAC ADASDf asdadsasd

PATIENT INSTRUCTIONS

General Instructions: x asdsassdas asdasd

PRESCRIPTION STATUS: FINALIZED